Rapid response case study

In November 2013 Essex Cares introduced their Rapid Response Service offering vulnerable adults and their carers an alternative to hospital admission or residential placement during a period of crisis.

Rapid Response was developed to provide short-term crisis support for up to six days for people whose health and social care needs could be safely met at home. In order to prevent unnecessary acute admission and to provide the most appropriate support, Essex Cares Rapid Response teams, located in Mid and West Essex, provide crisis management support and plan a schedule of visits from multi-disciplinary team members to resolve customer’s current urgent needs, and to plan and signpost customers with longer term support needs to the most appropriate services. The primary focus of the rapid response service is to enable people to remain living well and safely at home or to plan for alternative solutions on an informed basis.

Following referral, a member of the Rapid Response multi-disciplinary team will complete a holistic assessment to evaluate the customers' individual needs. The assessment can include input from a range of team members including, dual registered nurse, occupational therapist, physiotherapist, Age UK Information advice and guidance advisors and or Reablement support leads who are trained to approved assessor level and can arrange for the proviso of equipment and or telehealth/telcare solutions. Following the initial assessment the support lead will complete an individual support plan that details customer goals and how the Rapid Response team aims to support the customer to achieve their individual objectives.

During the Rapid Response programme customers goals are continuously reviewed and a further assessment to identify the next step is completed at an appropriate stage.

The multi-disciplinary Rapid Response team work alongside community nursing teams, the district nurse service, community pharmacies, rapid assessment units, community mental health team and social care services.

Operating seven days a week, Rapid Response aims to prevent unnecessary hospital admissions by providing an alternative solution where social care needs are having a negative impact on a customer’s health and wellbeing.

Following a clinical assessment, which confirms the customer does not require acute care, the team provide social work and occupational therapy assessments within A&E and arrange for a home visit by the Rapid Response team to take place within two hours of the Rapid Response referral.

Enclosed are supporting case studies evidencing the success of Rapid Response.
Case study 1
Female
72 years old

**Rapid Response enabled discharge from hospital**

The customer, who is diabetic, was admitted to hospital after suffering a fall due to low blood sugar.

Rapid response was requested to offer support with their breakfast, lunch and dinner routine. During the lunchtime visit, she was also assisted with washing and dressing and was given constant encouragement to eat regular meals.

At the end of the programme, she had a more positive daily routine and had signed up to Meals on Wheels once a day. The customer greatly benefitted from support on discharge from A&E.

Case study 2
Female
80 years old

**Rapid Response prevented hospital admission**

The customer was referred by the Rapid Assessment Clinic after suffering a fall with concerns regarding confusion.

The Rapid Response Service was requested to support with personal care, meal preparation and supervision with medication.

She was identified with having a severe hearing impairment which caused confusion. They were then provided with the appropriate telecare equipment to minimise the impact of her hearing loss on everyday living.

She was discharged from the Rapid Response service after 72 hours after showing improvement around the home.

Case study 3
Female
84 years old

**Rapid Response prevented hospital admission**

The customer was referred from A&E after suffering a fall and minor injuries to the wrist. She wasn’t admitted to hospital but was in need of ongoing support.
The Rapid Response team was requested to provide assistance with personal hygiene, continence management and support with meal management to improve nutrition.

She completed the programme and seemed more at ease after completing treatment at home. Limiting the level of anxiety following the fall allowed the customer to recover in a calmer environment.

The meal schedule introduced an easy to follow enjoyable plan that prevented future falls due to dizzy spells caused by low blood sugars.